## Town of Delmar

100 S Pennsylvanía Avenue DELMAR, DELAWARE-MARYLAND 21875 (302) 846-2664 (410) 896-2777



## Application for Maryland Boards/Commissions

| Select Board or C                | Commission fo              | r which you are appl | ying:               |        |        |          |
|----------------------------------|----------------------------|----------------------|---------------------|--------|--------|----------|
| 0                                | Planning &                 | Zoning Commission    |                     |        |        |          |
| 0                                | MD Board                   | of Elections         |                     |        |        |          |
| 0                                | Utility Commission         |                      |                     |        |        |          |
| 0                                | Parks & Recreation         |                      |                     |        |        |          |
| 0                                | MD Board of Zoning Appeals |                      |                     |        |        |          |
| Please print, th                 | ank you.                   |                      |                     |        |        |          |
| Name:                            |                            |                      |                     |        |        |          |
| Last                             | Last                       |                      | First               | Middle |        |          |
| Address:                         |                            |                      |                     |        |        |          |
| Street                           |                            |                      | City                | State  |        | Zip Code |
| How long have                    | vou lived wit              | hin the Town limits  | s of Delmar. MD?    |        | 1      |          |
|                                  | ,                          |                      | ,                   | Years  | Months | _        |
|                                  |                            |                      |                     |        |        |          |
| Home Phone Cell Phone            |                            |                      | Date of Application |        |        |          |
| Related Experie                  | ence:                      |                      |                     |        |        |          |
|                                  |                            |                      |                     |        |        |          |
|                                  |                            |                      |                     |        |        |          |
|                                  |                            |                      |                     |        |        |          |
| Emergency Contact Name & Number: |                            |                      |                     | &      |        |          |